

DD/S 58-3989  
*D. S. L.*

~~SECRET~~

|                                                  |                          |
|--------------------------------------------------|--------------------------|
| Document No. <u>12</u>                           | <input type="checkbox"/> |
| No Change in Class. <input type="checkbox"/>     |                          |
| <input checked="" type="checkbox"/> Declassified |                          |
| Class. Changed to: TS S C                        |                          |
| Next Review Date: _____                          |                          |
| Auth.: HR 70-3                                   |                          |
| Date: <u>19 JAN 1979</u>                         | By: <u>28</u>            |

8 October 1958

25X1A9a

MEMORANDUM FOR: Deputy Director (Support)

SUBJECT : Medical Staff Personnel Ceiling

REFERENCE : My memorandum for DD/S, Subject: Medical Support Program for Dependents, dated 1 November 1957

As requested by [REDACTED] October 1958, following are submitted as answers to the questions posed:

I. Q. What functions have been added or subtracted since 1 July 1957 which tend to support the need for the current Medical Staff personnel ceiling?

A. The current Medical Staff personnel ceiling is [REDACTED]. Since 1 July 1957 no functions have been subtracted and the following functions have been added:

(1) Dependents Medical Program. This provides for the medical evaluation of all dependents of Agency employees prior to overseas travel.

(2) Expanded laboratory and X-ray procedures for a more complete diagnostic workup of all personnel being examined.

(3) Research project to assess the validity and effectiveness of the current psychiatric selection techniques. Concurrently with this project, a newly-designed Personal Index has been introduced in the selection procedures and a newly-devised Psychiatric Rating Scale has been introduced for use of psychiatrists in recording diagnoses.

(4) Clinical Review Panel. A formal panel composed of Medical Staff officials to review the clinical handling of select and often problem clinical cases to the end that the experience and lessons from such cases may be available for future guidance.

II. Q. What would the Medical Staff do if it were required to accept a 2% personnel ceiling cut?

MEDICAL

~~SECRET~~